STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	
EDWARDS LIF	ESCIENCES POLITICAL ACTIO	PN COMMITTEE (EWPAC)		
ADDRESS (number and	street) ONE EDWARDS W	/AY		
(Check if address is changed)	IRVINE		CA L	92614
		CITY▲	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	zpacs@cox.net			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)			11111	
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00411900		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my k Treasurer Mr. Barry Lide	-	ct and complete	
Signature of Treasurer	Since the State of the Samuel		Date 03	13 Y 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information of ANY CHANGE IN INFORM	may subject the person signing this	•	_
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)